

Substitute for form 1449/PTO (Revised 07/2005) INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/789,470
				Filing Date	February 27, 2004
				First Named Inventor	Mike Crook
				Group Art Unit	3637
				Examiner Name	Adriana Figueroa
Sheet	1	of	1	Attorney Docket Number	47970/268132
OTHER DOCUMENTS					
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			English Language Translation Attached
	19	GLOBALWRAP.COM, Testimonials, Retrieved February 12, 2007 from Internet Site http://www.globalwrap.com/testimonials/ , Pages 1-3			
	20	DR.SHRINK, Wrap Anything, Retrieved February 12, 2007 from Internet Site http://www.dr-shrink.com/home.html , Page 1 of 1			
	21	DR.SHRINK, Vents, Retrieved February 12, 2007 from Internet Site http://www.dr-shrink.com/retail_vents.html , Page 1 of 1			
	22	DR.SHRINK, Training, Retrieved February 12, 2007 from Internet Site http://www.dr-shrink.com/retail_training_cd.html , Page 1 of 1			
	23	DR.SHRINK, Tide Minders, Retrieved February 12, 2007 from Internet Site http://www.dr-shrink.com/retail_tideminders.html , Page 1 of 1			
	15				
Examiner Signature				Date Considered	

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.